

# WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT

FOR City of Ukiah ( the "City" )

Endorsement No. \_\_\_\_\_

Issue Date: \_\_\_\_\_

## PRODUCER

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

## POLICY INFORMATION:

Insurance Company: \_\_\_\_\_

Policy No. \_\_\_\_\_

Policy Period: (from) \_\_\_\_\_ (to) \_\_\_\_\_

## NAMED INSURED

## OTHER PROVISIONS

CLAIMS: (Underwriter's representative for claims pursuant to this insurance.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

## EMPLOYERS LIABILITY LIMITS

\$ \_\_\_\_\_ (Each Accident)

\$ \_\_\_\_\_ (Disease - Policy Limit)

\$ \_\_\_\_\_ (Disease - Each Employee)

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:

1. CANCELLATION NOTICE: This insurance shall not be canceled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.
2. WAIVER OF SUBROGATION: This Insurance Company agrees to waive all rights of subrogation against the City, its officer, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the Named Insured for the City.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements, or exclusions of the policy to which this endorsement is attached.

## ENDORSEMENT HOLDER

### CITY

City of Ukiah  
300 Seminary Avenue  
Ukiah, California 95482-5400

AUTHORIZED  Broker/Agent  Underwriter

### REPRESENTATIVE

I \_\_\_\_\_ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature \_\_\_\_\_  
(original signature required)

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date signed: \_\_\_\_\_